

FILED
MAR 11 2013
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DENNIS LAMAR JAMES, JR.,

Plaintiff,

vs.

HAYWARD POLICE DEPARTMENT, OFFICER
MILLER, OFFICER CLIFFORD, CHIEF DIANE
URBAN, CITY OF HAYWARD, et. al.,
Defendant.
individually and officially capacities

13 1092

CASE NO. _____

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

SI
(PR)

I, DENNIS LAMAR JAMES, JR., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No ✓

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: —

Employer: —

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 I AM DISABLED, ON S.S.I.!

5
 6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
 10 self employment
 11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?
 13 c. Rent payments? Yes ___ No ☒
 14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ___ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 BEEN INCARCERATED FOR OVER A YEAR, SO S.S.I
 22 ELAPSED!

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: —

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ — Net \$ —

28 4. a. List amount you contribute to your spouse's support: \$ —

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ Amount of Mortgage: \$

6. Do you own an automobile? Yes ☐ No ☒

Make Year Model

Is it financed? Yes ☐ No ☐ If so, Total due: \$

Monthly Payment: \$

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$

Do you own any cash? Yes ☒ No ☐ Amount: \$ 1.40

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ Utilities:

Food: \$ Clothing:

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

N/A

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐ but different incidents!

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

DENNIS JAMES v. H.P.D (C 10-4009 SI) U.S. DISTRICT COURT

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

March 05, 2013

DATE

15/2 Dennis James

SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of James, Dennis for the last six months at

Santa Rita Jail [prisoner name]
where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 4.17 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 4.40.

Dated: 2/27/13

Acc 150
[Authorized officer of the institution]

INMATE ACCOUNT TRANSACTIONS

PFN/AJIS: BDE373 HFA: SRJ NAME: JAMES, DENNIS LAMAR ACCT BAL: 1.40

TRANS DATE	---RECEIPT--- HFA	NUMBER	TRANSACTION CODE LITERAL	AMOUNT	RUNNING BALANCE	MSG
02/04/12	SRJ	17-23217	CBKG CR NBOK	.00	.00	W:932
02/04/12	SRJ	17-23217	CNEW CR NBKD	179.00	179.00	
02/06/12	SRJ	SJ-37978	DNBG DB B BA	1.63-	177.37	
02/13/12	SRJ	TV-69418	DRLS DB RLSE	177.37-	.00	
02/19/12	SRJ	17-19016	CBKG CR NBOK	.00	.00	
02/21/12	SRJ	SJ-43091	DNBG DB B BA	.00	.00	
03/13/12	SRJ	SJ-49679	DMED DB MED	.00	.00	
04/16/12	SRJ	SJ-59470	DMED DB MED	.00	.00	
09/16/12	SRJ	SK-01948	DMED DB MED	.00	.00	
11/15/12	SRJ	SK-18157	DMED DB MED	.00	.00	

932 W:RECEIPT HAS ADJ(S) POSTED

338 PRESS PA1 FOR NEXT PAGE

INMATE ACCOUNT TRANSACTIONS

PFN/AJIS: BDE373 HFA: SRJ NAME: JAMES, DENNIS LAMAR ACCT BAL: 1.40

TRANS DATE	---RECEIPT--- HFA	NUMBER	TRANSACTION CODE LITERAL	AMOUNT	RUNNING BALANCE	MSG
12/17/12	SRJ	TM-36994	CMAI CR MAIL	25.00	25.00	
02/22/13	SRJ	SK-44517	DCOM DB COMM	23.60-	1.40	